RECOMMENDATION FOR ACADEMIC PROGRAM/I-20 EXTENSION

*Undergraduate F-1 students applying for an I-20 extension need to include a completed and signed "Baccalaureate Degree Completion Plan" form with this form

TO BE COMPLETED BY THE STUDENT

Name: ________________________________________  Degree Objective: □ Bachelor’s □ Master’s □ Certificate
  (first/given) (last/family)
SF State Student ID:  9 ________________________  SEVIS ID: N ________________________
E-Mail Address: ______________________________  Phone: ____________ - ____________
Major Field of Study: _________________________  I-20 Expiration Date: _______/_______/________
Signature: _________________________________  Today’s Date: _______/_______/________

TO BE COMPLETED BY STUDENT’S MAJOR DEPARTMENT ACADEMIC ADVISOR

Academic Advisor: This form must be completed for an F-1 student to remain in legal immigration status while completing the academic program. Any questions you may have can be directed to the OIP at 415.338.1293.

1. This student will complete all degree requirements for his/her current academic program on: _______/_______/________
2. This student has not yet completed the current academic program of study due to
   (please check all reasons which apply):
   □ Delay caused by a change in major field of study
   □ Delay caused by a change in research topic
   □ Delay caused by unexpected research problems
   □ Delay caused by lost credit upon transfer to our school
   □ No unusual delay. The original length of time given to complete studies was not reasonable for an average student in this program
   □ Other (please attach a detailed letter of explanation)

I therefore recommend that this student be allowed additional time to complete studies.

   Academic Advisor’s Signature: _________________________________
   Name and Title (please print): _________________________________
   Department (please print): _________________________________
   Date: _______/_______/________

TO BE COMPLETED BY OIP

   Approved   Denied   OIP Advisor’s Initials: _________  Date Student Notified: ________  Date Entered into SEVIS: _______

PLEASE RETURN THIS FORM AND A SIGNED BACCALAUREATE DEGREE COMPLETION PLAN (UNDERGRADUATE STUDENTS ONLY) TO AN OIP ADVISOR DURING DROP-IN HOURS